Hospital for Consumption, Brompton.

MEDICAL REPORT,

1929

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MEDICAL REPORT

FOR THE YEAR 1929.

TABLE OF CONTENTS.

PAGE

Definitions 4

I.—Pulmonary Tuberculosis. Males.

- (1) Class A. —No Tubercle Bacilli found in Sputum 5
  - (a) Age at Onset. (b) Mode of Onset.
- (2) Class B.—Tubercle Bacilli found in Sputum 5
  - (a) Age at Onset. (b) Mode of Onset. (c) Classification.

II.—Pulmonary Tuberculosis. Females.

- (1) Class A.—No Tubercle Bacilli found in Sputum .. 6
  - (a) Age at Onset. (b) Mode of Onset.
- (2) Class B.—Tubercle Bacilli found in Sputum 6
  - (a) Age at Onset. (b) Mode of Onset. (c) Classification.

III.—Other Diseases of the Chest 7
- (1) Males. (2) Females.

IV.—Diseases of the Cardio-vascular System 8
- (1) Males. (2) Females.

V.—Miscellaneous Diseases 8
- (1) Males. (2) Females.

VI.—Record of Special Treatments 9

Selected Cases 10

Surgeons' Report for 1929 16

Throat, Nose and Ear Department Report for 1929 18

Radiological Department Report for 1929 21

Pathological Department Report for 1929 23

Cardiographic Department Report for 1929 24

Dental Department Report for 1929 24

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Hospital for Consumption and Diseases of the Chest, Brompton,

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The Registrar presents to the Committee of Management the Medical Report for the year 1929.

W. E. LLOYD, *Registrar.*

DEFINITIONS.

Class A.—Cases in which T.B. have never been demonstrated in sputum.

Class B.—Cases in which tubercle bacilli were found in the sputum are divided into 2 groups : *B* 1 and *B* 2

B 1 includes :

- (*a*) Cases of unilateral disease.
- (*b*) Cases of bilateral disease in which not more than one lobe of the better lung is affected.
- (*c*) Cases without marked signs of toxæmia.

B 2 includes :

- (*a*) Cases of bilateral disease (not included above).
- (*b*) Cases with marked signs of toxæmia, or with severe complications : e.g. laryngitis or enteritis.

I.—PULMONARY TUBERCULOSIS. MEN. 852 CASES.

A Cases.—No Tubercle Bacilli found in Sputum: 276 Cases.

Age Groups.		*Per Cent. Total.*
0—10 years	1 case	0·4
11—15 ,,	4 cases	1·4
16—20 ,,	38 ,,	13·8
21—25 ,,	56 ,,	20·3
26—30 ,,	35 ,,	12·7
31—35 ,,	26 ,,	9·4
36—40 ,,	26 ,,	9·4
41—45 ,,	24 ,,	8·7
46—50 ,,	36 ,,	13·1
51—55 ,,	12 ,,	4·3
56—60 ,,	13 ,,	4·7
61—65 ,,	4 ,,	1·4
66—70 ,,	1 ,,	0·4

Results of Treatment :	Improved	251 cases.
	I.S.Q.	14 ,,
	Worse	4 ,,
	Died	7 ,,

B Cases : Tubercle Bacilli found in Sputum : 576 Cases.

Age Groups.		*Per Cent. of Total.*
0—10 years	1 case	0·2
11—15 ,,	3 cases	0·5
16—20 ,,	77 ,,	13·4
21—25 ,,	116 ,,	20·2
26—30 ,,	85 ,,	14·0
31—35 ,,	63 ,,	10·9
36—40 ,,	64 ,,	11·1
41—45 ,,	61 ,,	10·6
46—50 ,,	53 ,,	9·2
51—55 ,,	28 ,,	5·0
56—60 ,,	19 ,,	3·3
61—65 ,,	5 ,,	0·9
66—70 ,,	1 ,,	0·2

Results of Treatment :	Improved	421 cases.
	I.S.Q.	87 ,,
	Worse	24 ,,
	Died	44 ,,

Classification of Cases : B 1, 367 cases. B 2, 209 cases.

II.—PULMONARY TUBERCULOSIS. WOMEN : 676 CASES.

A Cases. No Tubercle Bacilli found in Sputum : 228 cases.

Age Groups.		*Per Cent. of Total.*
0—10 years	0 cases	0
11—15 ,,	7 ,,	3·1
16—20 ,,	54 ,,	23·6
21—25 ,,	54 ,,	23·6
26—30 ,,	38 ,,	16·6
31—35 ,,	31 ,,	13·6
36—40 ,,	18 ,,	7·8
41—45 ,,	13 ,,	5·9
46—50 ,,	7 ,,	3·0
51—55 ,,	4 ,,	1·6
56—60 ,,	2 ,,	1·3

Results of Treatment :	Improved	199 cases.
	I.S.Q.	20 ,,
	Worse	4 ,,
	Died	5 ,,

B Cases. Tubercle Bacilli found in Sputum : 448 Cases.

Age Groups.		*Per Cent. of Total.*
0—10 years	0 cases	0
11—15 ,,	14 ,,	3·1
16—20 ,,	105 ,,	23·4
21—25 ,,	121 ,,	27·0
26—30 ,,	61 ,,	13·6
31—35 ,,	67 ,,	15·0
36—40 ,,	33 ,,	7·3
41—45 ,,	19 ,,	4·1
46—50 ,,	19 ,,	4·1
51—55 ,,	6 ,,	1·3
56—60 ,,	3 ,,	1·1

Results of Treatment :	Improved	311 cases.
	I.S.Q.	81 ,,
	Worse	21 ,,
	Died	35 ,,

Classification of Cases : B1, 273 cases. B2, 175 cases.

III.—OTHER DISEASES OF THE CHEST: 495 CASES.

Men : 312 *cases.*

	Total.	*Improved.*	*Stationary.*	*Died.*
Bronchitis	82	72	8	2
Bronchiectasis	45	31	6	8
Pneumonia	14	12	—	2
Pulmonary Abscess	15	9	—	6
[2]Pulmonary Neoplasm	42	2	17	23
Pulmonary Fibrosis (non-tuberculous)	20	20	—	—
[1]Syphilis of lung	2	1	1	—
Pleurisy (recent, dry)	5	5	—	—
Pleural effusion	36	34	2	—
Thickened Pleura	8	8	—	—
[3]Empyema	14	9	1	4
Empyema sinus	9	9	—	—
Spontaneous pneumothorax	9	9	—	—
Asthma	11	9	1	1

[1] Including case of Syphilitic Stenosis of Bronchus. [2] Including case of Haematoma of Lung.
[3] Including 2 cases of Tuberculous Empyema.

Women : 183 *cases.*

Bronchitis	68	63	5	0
Bronchiectasis	22	16	5	1
Pneumonia	3	3	—	—
Pulmonary Abscess	3	2	—	1
[1]Pulmonary Neoplasm	10	1	5	4
Pulmonary Fibrosis (non-tuberculous)	14	14	—	—
Pleurisy (recent, dry)	6	6	—	—
Pleural effusion	21	21	—	—
Thickened pleura	6	6	—	—
Empyema	11	10	—	1
Empyema sinus	2	2	—	—
Spontaneous pneumothorax	3	3	—	—
Asthma	13	12	—	1
Mediastinitis	1	—	1	—

[1] Including 1 case of Teratoma of Lung.

IV.—DISEASES OF THE CARDIO-VASCULAR SYSTEM : 43 CASES.

(1) *Men* : 20 *cases.*

	Total.	*Improved.*	*Stationary.*	*Died.*
Myocardial degeneration	5	1	3	1
Coronary thrombosis	1	—	1	—
Adherent pericardium	1	1	—	—
Heart block	1	—	1	—
Mitral disease	5	5	—	—
Aortic disease	5	3	1	1
Mitral and aortic disease	2	2	—	—

(2) *Women* : 23 *cases.*

	Total.	*Improved.*	*Stationary.*	*Died.*
Myocardial degeneration	5	1	2	2
Pericarditis	1	1	—	—
Congenital pulmonary stenosis	2	—	2	—
Mitral disease	13	13	—	—
Mitral and aortic disease	2	2	—	—

V.—MISCELLANEOUS DISEASES : 293 CASES.

(1) *Males* : 123 *cases.*

	Total.	*Improved.*	*Stationary.*	*Died.*
Debility	32	32	—	—
Tonsils and adenoids	20	20	—	—
For submucous resection of septum	17	17	—	—
Sinusitis	1	1	—	—
Epistaxis	2	2	—	—
Chronic laryngitis	2	2	—	—
Enlarged glands (*a*) Mediastinal	4	4	—	—
(*b*) Cervical	2	2	—	—
Hæmoptysis ? origin	1	1	—	—
Lymphadenoma	3	1	2	—
Diabetes and pulmonary tuberculosis	8	4	1	3
Admitted for " Gas Replacement "	6	6	—	—
Unclassified	21	21	—	—
" Discharged themselves "	4	—	4	—

(2) *Women : 170 cases.*

	Total.	*Improved.*	*Stationary.*	*Died.*
Debility	60	60	—	—
Tonsils and adenoids	34	34	—	—
For submucous resection	8	8	—	—
Sinusitis	1	1	—	—
Epistaxis	1	1	—	—
Chronic laryngitis	2	2	—	—
Enlarged glands (Mediastinal)	2	2	—	—
Hæmoptysis ? origin	9	9	—	—
Lymphadenoma	2	1	1	—
Diabetes and pulmonary tuberculosis	6	5	1	—
Exophthalmic goitre	3	2	1	—
Habit cough	1	1	—	—
B. Coli pyelitis	3	3	—	—
" Discharged themselves "	6	—	6	—
Unclassified	28	28	—	—
Admitted for " Gas Replacement "	4	4	—	—

VI.—RECORD OF SPECIAL TREATMENTS.

A. Artificial Pneumothorax. Men : 128 Cases.

A. Pulmonary tuberculosis	110 cases.
Right side AP.	59 ,,
Left side AP.	43 ,,
Bilateral AP.	8 ,,

[The induction of a successful AP. failed in 18 cases and the treatment was abandoned in 12 cases.]

B. Bronchiectasis	8 ,,
C. Abscess	5 ,,
D. Diagnostic	5 ,,

B. Artificial Pneumothorax. Women : 157 Cases.

A. Pulmonary tuberculosis	150 cases.
Right side AP.	70 ,,
Left side AP.	63 ,,
Bilateral AP.	17 ,,

[The induction of a successful AP. failed in 20 cases and the treatment was abandoned in 23 cases].

B. Bronchiectasis	3 ,,
C. Abscess	1 ,,
D. Diagnostic	3 ,,

C. Sanocrysin. Men : 42 Cases. Women : 55 Cases.

SELECTED CASES

A Case of Pulmonary Tuberculosis with Tuberculous Peritonitis.

Under the Care of Dr. Bosanquet and Dr. Nelson.

G. E., male, traveller, aged 55, was admitted on the 10th April, 1929. He attended the out-patient department on 19th March, when he was seen by Dr. Nelson. He complained of cough, wasting and abdominal pain and these symptoms had been present since December, 1928.

Past history: Malaria many times since 1907. Pneumonia in 1911 and ruptured spleen following an accident in 1926.

On examination of the lungs, dullness was found at both apices with occasional râles. There was no clubbing of the fingers. Sputum examination was negative. His weight was 9 st. ½ lb.

X-Ray Report (22nd March, 1929): Left side of diaphragm adherent. Evidences generally of chronic bronchial catarrh.

Right lung: Apparent old infiltration of apex. Left lung: Apex contracted and ? excavated. Some old infiltration. Much increase in the basal linear striation with suggested dilatation of bronchioles and small basal effusion.

On admission to hospital his general condition was poor. He was pale, emaciated and his weight had fallen to 8 st. 4 lb. His temperature varied between 100 and 101·5 and his pulse between 80 and 100. Signs were now present at the left base which was dull on percussion and many crepitations were present. The sputum was re-examined four times with negative results. X-Ray Report (27th June, 1929): "Very little change since last examination but the base of the left lung is now more translucent and there is no effusion." The abdomen was distended and tender in both the splenic and cæcal areas. Constipation was marked. Rectal examination revealed no abnormality. No occult blood was found in the fæces.

The following changes were found on examining the nervous system: sluggish ankle jerks, diminished pain sense in both legs. The possibility of subacute combined degeneration of the cord was raised, but the examination of the blood showed a secondary type of anæmia. The Wassermann Reaction was negative and no malarial parasites were seen in blood films. The wasting and weakness increased and patient died on the 17th July, 1929.

Post Mortem Examination:—

Lungs: Both lungs were œdematous and showed apical scarring. A small white nodule was present in the upper lobe of the left lung and on section was found to be tuberculous. Between the diaphragm and the lower lobe of the left lung was a mass of yellowish material and this on section was also tuberculous. Many enlarged caseating glands were present in the mediastinum.

Abdomen: A marked degree of tuberculous peritonitis with much free fluid was found. The coils of intestine were firmly matted together. Perihepatitis was marked and the liver substance contained many nodules, some as large as a cherry, which on section proved to be tuberculous. Many enlarged caseating glands were present in the mesentery.

A case of Blood Cyst in the Right Lung.

(Under the care of Dr. Batty Shaw.)

C. S., male, aged 23, chauffeur, was admitted on the 23rd August, 1929, with the following history: 7 weeks before admission, patient complained of cough and a week later he coughed up about an ounce of dark blood followed by blood-stained sputum for three weeks. He also complained of slight dyspnoea on exertion. He had not lost weight.

Past history: No illnesses except measles in childhood. Patient had never lived abroad. On examination, patient looked healthy and weighed 12 st. 3 lb. There was no clubbing of the fingers. No definite physical signs were found in the lungs but the air entry at the base of the right lung was impaired. The temperature and pulse were within normal limits.

Dr. Melville reported on the X-Ray film as follows : " A case of extreme interest : hydatid or simple cyst communicating with a bronchus present at the right base and almost central in position."

The Wassermann Reaction was negative : Casoni's intradermal hydatid test was negative : Blood count showed 7,900 W.B.C. per c.mm. with 2 per cent. eosinophils. Artificial pneumothorax was induced on the right side without difficulty and the lung collapsed well. On the 18th September, Mr. Tudor Edwards operated and exposed the right lower lobe. A cystic tumour the size of a hen's egg, was found embedded in lung tissue close to the surface of the lower lobe. The cyst contents showed yellow through a thin layer of lung tissue. The tumour together with a thin layer of surrounding lung tissue was removed, and the raw area was completely covered by suturing the edges of the visceral pleura. On the 20th September, 15 ounces of blood-stained fluid were aspirated from the right pleura and a further 7 ounces on the 22nd inst. The post-operative rise in temperature and pulse soon settled and patient left hospital on the 11th October, having made a complete recovery.

The report on the microscopical section is as follows : " The tumour is a hæmatoma which is beginning to become organised by the invasion of fibroblasts from the periphery."

A case of Lymphadenoma associated with Pulmonary Tuberculosis.

(Under the care of Dr. Fenton and Dr. Punch.)

E. F., male, aged 15 was admitted to hospital on the 29th July, 1929. The history was as follows : He was quite well until January, 1929, when he had an attack of influenza followed by a cough. A fortnight before admission he coughed up about three ounces of blood. He was seen by Dr. Punch and the sputum examination was positive.

On examination, impaired air entry with dullness on percussion were found at the left upper zone. The X-Ray report was as follows : " Mediastinum wider than normal. ? Mediastinitis. Right lung not free from suspicion of infiltration in upper zone. Left lung, apex opaque and infiltrated. Infiltration in middle zone. ? Pneumonic." Left artificial pneumothorax was successfully induced on the 8th August and maintained throughout his stay in hospital. Four examinations of the sputum were negative. His temperature record shows that after an afebrile period of 10–14 days the temperature slowly rose until it reached 99·4 and then slowly settled. Looked at over his whole period of admission, the condition suggested the Pel-Epstein syndrome. He gained 17 lb. in hospital and was discharged to Frimley on 2nd December. Whilst at Frimley glands developed on both sides of the neck (glands were first noticed on the left side in October). He was readmitted to hospital on the 22nd January, 1930. Mr. Roberts removed a gland from the right side and section of gland showed changes characteristic of lymphadenoma. The L.A.P. is being continued as an out-patient.

A case of Lung Abscess following inhalation of foreign body.

(Under the care of Dr. Gosse.)

F. H., female, aged 45, admitted on 22nd July, 1929, with the following history : Patient was quite well until the 25th January, when during a meal patient felt a bone stick in her throat. She went to hospital and her symptoms at that time were cough and frothy sputum. There was no rise of temperature. After a fortnight in hospital, she was discharged. Cough and sputum persisted and she was unable to do her household work on account of severe bouts of coughing. Later she was readmitted to hospital and bronchoscopy was done with negative results.

For the six weeks before admission to the Brompton Hospital, cough with offensive sputum, sweating and shortness of breath had become very marked.

On admission, patient was cyanosed and dyspnoic. The temperature ranged from 99 degrees to 101 degrees and the pulse from 100 to 120. The sputum was very offensive. On three occasions no tubercle bacilli were found. She was incontinent of urine and fæces. There was no clubbing of the fingers. The heart was displaced to the left side. There was marked dullness with tubular breathing and increased vocal resonance at the left lower lobe. On the 26th July, X-Ray report was as follows : "Left side of diaphragm invisible. The whole of the base of the left lung is uniformly opaque and there is obviously marked pleural involvement. No outlined cavity but the picture suggests effusion." On the 27th July, the left base was explored and a small amount of pus was obtained. Later, Mr. Tudor Edwards explored the chest but no pus was found. On the 31st July, Dr. Batty Shaw saw the patient and thought the condition to be one of pulmonary abscess. The amount of sputum increased from 3 to 12–15 ounces a day and the general condition deteriorated. Signs became manifest in the upper lobe of the left lung as well as the lower.

On the 22nd August, after a severe bout of coughing, patient collapsed and died.

Post Mortem Examination : The pleura of the left lung was much thickened. The apex of the lung was firmly adherent to the chest wall. In the left bronchus, 1½ inches from the bifurcation of the trachea, was a small piece of bone, apparently a piece of rabbit bone. The whole of the left lung was consolidated and greyish in colour. In the upper lobe there was a small abscess cavity about an inch in diameter with rugged walls. At the apex of the lower lobe was a similar but somewhat smaller abscess. The right lung was emphysematous but otherwise normal.

A case of Carcinoma of the Lung simulating Lung Abscess.

(Under the care of Dr. Burrell.)

H. B., male, aged 43, coach-smith, was admitted on the 25th January, 1929, complaining of pain on the left side of the chest and loss of weight.

Symptoms commenced in August, 1928, with sharp pain on left side lasting 3 weeks : since then the pain had been dull in character. There had been slight cough but no hæmoptysis and no shortness of breath. Patient had been able to do his work until a month before admission.

On examination, diminished air entry was found at the left base. There was no clubbing of the fingers. His temperature varied between 98 degrees and 101 degrees and pulse between 84 and 96. An X-Ray on admission showed : "Dense opacity with well-defined border, at base of left lung. In the erect posture the cavity is seen containing fluid. The appearances suggest breaking down consolidation. Neoplasm cannot be excluded." After lipiodol, the report said : "Opaque solution has not entered cavities and branches of descending branches are not outlined."

Artificial pneumothorax was successfully induced on the left side on the 19th February and a marked improvement in the temperature range followed. By the 9th April, however, X-Ray examination showed that the shadow had increased in size and the artificial pneumothorax was abandoned. Early in May his condition deteriorated and he died on the 7th May, 1929.

Post Mortem Examination : 40 ounces fluid present in the left pleural cavity. There was a large mass of growth in the lower lobe of the left lung : the growth was in process of liquefaction and tending to form an enormous cavity. It appeared to arise from the lower part of the left bronchus which was not, however, stenosed by growth.

The growth was a squamous celled carcinoma.

A case of Chronic Empyema.

(Under the care of Mr. Roberts.)

R. N., male, aged 20, journalist, was admitted on the 18th October, 1929, with the following history :

On the 16th March, 1929, he was taken suddenly ill with pneumonia of the right lung. After seven days in hospital, his temperature fell but rose again on the tenth day. An empyema was diagnosed and a rib section done but no pus drained : after ten days his dressing was suddenly soaked and following this the discharge kept up intermittently for eight weeks. A second operation was done and this was unsuccessful so that a third operation was performed on 6th August, since when there had been much discharge.

On examination, patient's general condition was satisfactory. Moderate clubbing of the fingers was present. His temperature occasionally reached 99 degrees and the pulse rate varied between 80 and 100. A large empyema cavity was present on the right side which held approximately 5 ounces of fluid. No evidence of bronchial fistula.

X-Ray report (18th October) : "Fixation of right side of diaphragm. There is a large empyema cavity on the right side, but no obvious effusion at the present time."

For the first fortnight in hospital, the cavity was irrigated daily with Dakin's solution. On the 2nd November, first operation was performed. Segments of ribs 4, 5, 6, 7, 8 were removed. The lung beneath was very rigid. On the 9th November, second operation was carried out. The wound was re-opened and lower end of incision carried down to mouth of sinus. Segments of lower ribs were then removed to expose the dense fibrous tissue covering the cavity. The outer wall of the cavity was incised, the fibrous tissue was ½ inch thick in places and the completion of the operation deferred as troublesome bleeding had occurred.

On the 16th November, a third operation was done. The wound was re-opened. The outer wall of the cavity was completely exposed and the division of the outer wall completed. The fibrous flaps formed by incising the outer wall were sufficiently mobile to be forced into the cavity and so obliterate it completely. A large gauze pack was packed in under the sutured part of the wound and this was removed on the 23rd November. By the 30th November, the fibrous tissue flaps were firmly adherent. Patient made excellent progress and on the 22nd December all that remained of the cavity with its sinus was a small area of granulate tissue at the site of the original sinus.

[Patient was seen again on 15th March, 1930. Wound had completely healed. Patient looked and felt very well and had reached his normal weight.]

Two cases of Cerebral Abscess following (a) Lung Abscess ; (b) Empyema

(Under the care of Mr. Tudor Edwards.)

Case 1.

F. T., male, aged 36, cashier, was admitted on the 1st May, 1929, with the following history :

In July, 1928, patient was operated upon for appendicitis with general peritonitis. Three weeks later, pneumonia of the right lung developed and this was followed by empyema. The latter was drained on the 13th September, and again on the 28th November. On admission to hospital, his condition was as follows : There was marked clubbing of the fingers. The right chest showed considerable flattening, especially in the pectoral region, with greatly diminished movement. Two sinuses were present (a) at the right base which was dry and (b) in the right axilla from which thick pus discharged. The temperature and pulse rates were not raised. On the 6th May, the sputum was blood-stained. On the 10th May, lipiodol was injected into the axillary sinus and the X-Ray report stated : "The lipiodol runs through a narrow crack into a racemose looking cavity about the size of a golf ball." On the 15th May, Mr. Tudor Edwards opened up the above sinus and it led into an irregular cavity. The walls were soft suggesting that the primary condition was a lung abscess rather than an interlobar empyema. The cavity was drained and the wound packed with gauze.

On the 23rd May, a change in the mental condition of the patient was noticed and he complained of weakness of the left arm. Later, definite paresis of the fingers of the left hand was present and on the 25th May, paralysis of the left side of the face and of the left leg had developed. On the 27th May, the cerebro spinal fluid contained seven cells per c.mm. and on the 29th May, 78 cells. An extensor response was present on the left side and early papilloedema was noticed.

Mr. Tudor Edwards explored the right motor area of the brain on the 29th May, but no pus was found. Patient died on the 1st June.

Post Mortem Examination : Suppurative meningitis was present over the convexity of the left cerebral hemisphere. Large area of brain substance was in a diffluent condition under the site of the decompression. An abscess was present in the right frontal lobe, 1 inch in diameter, lying deep to and anterior to the precentral gyrus about the level of the arm area.

(Under the care of Dr. Cecil Wall.)

Case 2.

N. B., aged 22, male, paper-maker, was admitted on the 13th March, 1929, with the following history :

In May, 1927, whilst at work, patient had a perforated gastric ulcer which was operated upon the same day. Everything went on satisfactorily and he was allowed to get up 5 weeks after the operation. In a few days he complained of pain on deep breathing on the right side of his chest and a fortnight later pus was found and drained in two places. The posterior drainage tube was left for two or three months but the discharge has persisted.

On examination in hospital, moderate clubbing of the fingers was present. The lower half of the right side of his chest was dull on percussion and in the seventh space posteriorly was a sinus discharging offensive pus. An X-Ray of the chest showed " partial collapse of upper two-thirds of right lung and an encysted effusion : right side of diaphragm high in position and quite immobile."

Mr. Tudor Edwards carried out a series of operations to obliterate the empyema cavity—the last being on the 12th December, 1928. On the 22nd December, patient complained of headache. On the 26th the headache was more severe and vomiting commenced. No localising signs of disease of the central nervous system were found. On the 27th inst, the cerebro-spinal fluid contained 43 cells per c.mm. chiefly lymphocytes. By the 31st the patient had become very drowsy and the plantar reflexes were extensor. Later, incontinence of urine developed and on the 1st January, 1929, the cerebro-spinal fluid contained 149 cells, 93 per cent. being lymphocytes. He died on the 3rd January.

Post Mortem Examination : The left occipital region was occupied by an abscess the size of a plum containing greenish pus. Only a thin shell of brain tissue was left where it abutted on the great longitudinal fissure. Posteriorly it penetrated to the extreme end of the occipital lobe. The lateral ventricle was not invaded and there was no other brain lesion.

Pus from brain abscess grew a pure culture of streptococcus.

Two cases of Carcinoma of the Lung associated with Pulmonary Tuberculosis.

Case 1. (Under the care of Dr. R. A. Young.)

A. H., male, aged 43, hot-water fitter, was admitted on the 2nd January, 1929, with the following history : For the previous six months patient had been losing weight. There were no other symptoms until November, 1928, when he attended the out-patient department, complaining of pain in the left side of his chest. Signs of dry pleurisy were found and later enlarged glands were found in the neck.

On examination in hospital, slight stridor was present. The upper half of the left lung was dull on percussion and the air entry was very weak. No added sounds were heard. The air entry at the base of the lung was also diminished. Enlarged hard glands were present in both supra-clavicular fossæ. The sputum was negative for tubercle bacilli. X-Ray report on the 14th January was as follows : No definite displacement of the heart. On both sides of the upper part of the mediastinum there is a somewhat dense opacity. On the left side the outline of this opacity is not well defined, but there is involvement of pleura and fairly homogeneous opacity of upper and middle thirds of the lung with some coarse infiltration at the base. The X-Ray evidence is in favour of mediastinal neoplasm.

Whilst in hospital, the temperature and pulse were constantly raised. X-Ray treatment was commenced on the 23rd January. Early in February, engorgement of the cervical veins was noticed and later dyspnœa became more marked. Patient also complained of difficulty in swallowing solids. The mass of glands in the neck became bigger—later, œdema of the face and arms developed and dyspnœa increased. Patient died on the 25th April.

Post Mortem Examination : A large mass of growth was seen arising from the left bronchus which was stenosed two inches below the bifurcation of the trachea. The growth had spread upwards, and surrounded the lower end of the trachea. The mediastinal and cervical glands were much enlarged and infiltrated with growth. A cavity was present at the apex of the left lung and the remainder of the lung tissue was studded with numerous caseating nodules. A direct smear of the pus showed on examination tubercle bacilli. The right lung was emphysematous. Some hard nodules were seen on the surface of the spleen.

Microscopical examination showed the growth to be oat-celled carcinoma. Caseating tuberculosis was also present. The nodules on the spleen were also tuberculous.

Case 2. (Under the care of Dr. Cecil Wall.)

B. H., male, aged 33, publican, was admitted to hospital on the 6th July, 1928, with the following history :

For two months previously patient had complained of pain on the right side of his chest, cough with occasional streaks of blood, and shortness of breath. Past history : Patient was gassed in the war during 1917. On examination : marked clubbing of the fingers was present. The upper lobe of the right lung was markedly dull on percussion and the air entry was diminished. Dr. Wall advised exploring the apical region and this was done in the second right interspace. Some pus was found at a depth of 1½ inches from the surface and on examination this was found to contain tubercle bacilli. For a time patient held his own but in September signs of pleural effusion developed at the right base and this was treated by gas replacement. In November dilated veins appeared on the chest wall and later the right arm and right side of his face started to swell. The sputum was negative for tubercle bacilli until the 7th September when they were found. Later, bacilli were also found in the pleural fluid. After November, signs of mediastinol pressure became more marked and there was evidence of both superior and inferior vein caval obstruction. He died on the 5th January after a severe bout of coughing.

Post Mortem Examination : Showed a mass of growth arising from the right bronchus and infiltrating the root of the lung. The pericardium was involved and the superior and inferior vein cavae were compressed at the orifices into the auricle. There were two large cavities in the right lung at the apex and in the middle lobe. Throughout the lung tissue were numerous caseating nodules. The left lung was also studded with these nodules. [The right lung is in the museum.]

Section of the Right Lung : Squamous celled carcinoma and tuberculosis.
Section of the Left Lung : Tuberculosis. *Aortic gland :* Tuberculosis.

SURGEONS' REPORT FOR THE YEAR 1929

There has been an advance of 63 in the number of operations, the total reaching 325. The pressure on the surgical beds has been severe, many of the cases have had to be accommodated in medical wards.

The equipment of the operating theatre has been still further brought up to date by the addition of a modern diathermy unit, a Nickesson apparatus for nitrous oxide and oxygen anæsthesia, new sterilising drums, etc.

	Operations.
THORACOPLASTY	55
1. *For Pulmonary Tuberculosis*—	
Completed cases	19
1st stage	21
2nd stage	21
2. *For Bronchiectasis*—	
Completed cases	6
1st stage	7
2nd stage	6
PHRENIC EVULSION	74
1. *For Pulmonary Tuberculosis*	47
2. *For Bronchiectasis*	19
3. *For Chronic Empyema*	4
4. *For Chronic Pulmonary Abscess*	3
5. *For Adherent Pericardium*	1
EXAMINATIONS	26
1. *Cystoscopy*	7
2. *Bronchoscopy*	18
Includes 1 case in which a hollow, cylindrical metal carrier with Radon Seeds was planted in a bronchial stricture due to carcinoma of bronchus.	
3. *Thoracoscopy*	1
Inspection of case of Pleural Endothelioma.	
THORACOSCOPY AND CAUTERISATION OF BANDS	12
LOBECTOMY. [For Bronchiectasis.]	2
PARTIAL LOBECTOMY. [For ? Hæmatoma of Lung.]	1
THORACOTOMY	11
1. *For Teratoma of Mediastinum.* [2 cases.]	4
2. *For Insertion of Radon Seeds.* [Neoplasm of Lung.]	1
3. *For Re-drainage of an Intra-Thoracic Cyst*	1
4. *Exploratory.* [Inseparable Neoplasms.]	5
FOR EMPYEMA AND PYO-PNEUMO-THORAX	47
1. *Acute Empyema.* Rib-resection and Drainage. [Includes 2 cases of Interlobar Empyema drained in 2 and 3 stages respectively.]	12
2. *Pyo-pneumo-Thorax* (Non-tuberculous). Rib-resection and Drainage	2
3. *Pyo-pneumo-Thorax* (Tuberculous with Secondary Infection). Rib-resection and Drainage	4
4. *Chronic Empyema*	29

This includes :—

a. Excision of persistent sinus.
b. Re-drainage.
c. Collapse operations in some cases amounting to extensive Thoracoplasty.
d. Complete Decortication (2 cases).

	Operations
FOR PULMONARY ABSCESS	16
1. *Primary Operations.* Rib-resection and Drainage [8 cases in 1 stage and 1 case in 3 stages.]	11
2. *Secondary Operations*	5
Re-drainage.	
Cauterisation.	
Local Collapse of Chest Wall.	
Closure of Bronchial Fistulæ.	
LAPAROTOMY	13
1. Appendicectomy	6
2. Cholecystectomy	2
3. For Inguinal Hevina	1
4. For Strangulated Femoral Hernia (Bowel-resection and entero-anastomosis)	1
5. Gastrostomy	1
6. Salpingoöphorectomy	1
7. Exploratory (Tuberculous Peritonitis)	1
UNCLASSIFIED CASES	24
For Acute Osteomyelitis	2
For Caries of Rib	1
For "Ganglion" of Wrist	1
For Myeloma of Rib	1
For Cerebral Decompression	1
For Excision Glands of Neck	1
For Excision Glands of Axilla	1
For Excision of Tissue from Parotid Tunnono	1
For Fistula-in-ano	5
For Ischio-Rectal Sinus or Abscess	7
Orchidectomy	2
Epididymectomy	1
MINOR OPERATIONS	44
Including—	
Application of Plaster	4
Manipulations	2
Exploration of Chest by Needle	9
Superficial Abscesses	29
Paronychia, Septic Fingers	
Suture of Wounds	
Dressings under Anæsthesia	

TOTAL NUMBER OF OPERATIONS—325

	1928.	1929.
Thoracoplasty	58	55
Phrenic Evulsion	61	74
Examinations	17	26
Thoracoscopy Cauterisations	7	12
Empyema	29	47
Pulmonary Abscess	10	16
Lobectomy	1	2
Partial Lobectomy	—	1
Thoracotomy	6	11
Laparotomy	3	13
Unclassified	40	24
Minor Operations	30	44
Total	262	325

J. E. H. ROBERTS } *Surgeons.*
A. TUDOR EDWARDS

THROAT, NOSE AND EAR DEPARTMENT REPORT FOR THE YEAR 1929.

During the year 1929, 1,408 new cases were referred to the Throat and Ear Department, 841 being out-patients and 567 in-patients.

The following is a statement of the diseases of the throat, nose and ear from which they suffered, in many instances the same patient being the subject of more than one of the conditions named.

Diseases of the Larynx.

Tuberculous Disease	308
Laryngitis (non-tuberculous)—	
Acute	2
Sub-acute	17
Chronic	61
Congestive	8
Rhinitic	18
Hypertrophic	1
Nodular	1
Pachydermic	1
Hereditary specific	1
Epithelioma	2
Paralysis of vocal cords :—	
Right vocal cord	1
Left vocal cord	5
Paresis of internal tensors of vocal cords (simple)	10
Paresis of adductors of vocal cords	6
Functional Aphonia	6

Diseases of the Mouth and Pharynx.

Tonsils—	
Enlarged tonsils and chronic tonsillitis (without adenoids)	182
Enlarged tonsils (with adenoids) *vide nose.*	
Acute Tonsillitis	11
Peritonsillitis (past)	1
Tuberculosis of tonsil	2
Pharynx in general—	
Tuberculosis of Pharynx	3
Epithelioma of pharynx	1
Simple chronic pharyngitis	34
Lateral pharyngitis	3
Granular pharyngitis	3
Acute pharyngitis	2
Tuberculosis of tongue	1
Specific ulcer of tongue	1
Enlargement of lingual tonsil	4
Elongated uvula	19
Papilloma of uvula	1

Diseases of the Naso-Pharynx and Nose.

Naso-Pharynx—	
Adenoids with enlarged tonsils	253
Adenoids without enlarged tonsils	23
Naso-pharyngeal cararrh	9
Post-nasal polypus	1
Tuberculous of naso-pharynx	1

Nose—

Deviation of septum	104
Synechia of septum	2
Rhinitis :—	
Simple chronic	74
Hypertrophic	77
Purulent	6
Atrophic	22
Atrophic fœtid	2
Acute	4
Nasal polypi	13
Epistaxis	10
Specific ulcer of ala nasi	1
Insuction of alae nasi	1

Nasal sinuses :

Suppuration and catarrh of antrum	12
Frontal sinusitis	1
Ethmoiditis	6

Diseases of the Ear.

Middle Ear :—

Tuberculosis of middle ear	4
Chronic suppuration of middle ear (in some cases tuberculous)	20
Residua of suppuration of middle ear	1
Acute suppuration of middle ear	2
Sub-acute otitis media	4
Acute catarrh of middle ear	1
Chronic catarrh of middle ear	18
Eustachian catarrh	4

External Ear :—

Cerumen	22
External cholesteatoma	1
External otitis	3
Furunculosis	1
Malformation of ear	1

Nervous Disturbance :—

Nerve deafness	1
Otalgia	1

Miscellaneous.

Asthma	93
Epithelioma of Trachea	1
Tracheal obstruction (from mediastinal growth)	1
Haemoptysis (2 dental cause)	7
Cervical adenitis	2
Angi-neurotic oedema	1
Headache (nasal cause)	2
Frontal neuralgia	1
Normal upper air passages (referred for examination)	93

OPERATIONS UNDER GENERAL ANÆSTHESIA.

Enlarged tonsils (guillotine) and adenoids	213
Enucleation of tonsils (dissection)	43
Adenoids only	11
Sub-mucous resection of nasal septum	27
Turbinectomy (posterior extremities of inferior turbinals)	4
Turbinectomy (middle turbinals)	7
Antra opened	3
Mastoid operation	2
Tracheotomy	1
Bronchoscopy	1

As before, a large number of minor operations were carried out under local anæsthesia, among the most important being partial removal of middle turbinated bodies in the nose, with or without polypi, in cases of asthma.

The majority of cases of turbinectomy of the middle turbinated body in which general anæsthesia has been induced, have been those of children in whom this operation has been required on account of asthma, often giving excellent results when the removal of adenoids had been without effect. In adults this operation has generally been carried out under local anæsthesia.

JAMES DUNDAS-GRANT.
FRANK CUNLIFFE ORMEROD.

RADIOLOGICAL DEPARTMENT REPORT FOR THE YEAR 1929.

Again a definite increase in the work of the Department has to be recorded, 257 in-patients and 777 more out-patients having been sent for examination.

The Hospital has now a Radiological Department second to none for efficiency and the increased amount of work has been more easily dealt with under the better conditions than would have been possible prior to the opening of the new department.

In-patients	2,961
Out-patients	3,422
Dispensary patients	222
Sanatorium patients	1
Private patients	33
Hospital staff	22

Analysis of Cases.

Affections of the Air Passage :—	
Pulmonary tuberculosis	1,960
Artificial pneumothorax	597
Spontaneous pneumothorax	9
Neoplasm	40
Enlarged bronchial glands	173
Pleurisy	73
Pleurisy (effusion)	71
Pleurisy (empyema)	19
Thickened pleura	22
Pneumonia	17
Bronchiectasis	165
Bronchitis	1,023
Foreign bodies	4
Abscess of lung	14
After phrenicotomy	45
After Sanocrysin	5
After thoracoplasty	23
After Lipiodol injection	129
Unclassified	251
Cervical glands	3
Hodgkin's Disease	1
Lobectomy	1
Affections of Bones and Joints :—	
Injury	6
Disease	40
Nasal Accessory Sinuses	6
Affections of Heart and Aorta :—	
Aneurysm	5
Congenital and acquired	28
Pericardial effusion	2
Position and size	45
Affections of Urinary Tract :—	
Calculus	11
Affections of Gastro-intestinal Tract :—	1
Stomach and intestines	16
Oesophagus	7
Dental	12

X-RAY THERAPEUTIC DEPARTMENT.

New cases seen	26
Treatments given	150

ANALYSIS OF CASES.

Tuberculous glands	11
Neoplasm of lung	5
Hodgkin's Disease	3
Keloid scar	1
Orchidectomy	1
Sinuses	2
Goitre	1
Ulcer of tongue	2

STANLEY MELVILLE,
Director of the Radiological Department.

PATHOLOGICAL DEPARTMENT REPORT FOR THE YEAR 1929.

The subjoined investigations have been made during th eyear at the request of the physicians and surgeons to the Hospital.

Examinations of sputum for tubercle bacilli	305
Sputum cultivations	84
Vaccines prepared	62
Examinations of pleural fluids	170
,, ,, pus	75
,, ,, aural discharge	11
,, ,, throat and nasal swabs for diphtheria	49
,, ,, cerebro-spinal fluids	9
,, ,, urine	110
,, ,, fæces	25
Urea concentration tests	3
Estimation of sugar in urine	3
Widal tests	1
Blood sugar curves	6
Fasting blood sugar determinations	55
Blood urea determinations	9
Blood calcium estimation	1
Blood cultures	9
Blood counts	137
Blood examination for malaria	3
Blood grouping	16
Wassermann reactions	150
Serum test for hydatid disease	1
Guinea pig inoculations for tubercle bacilli	9
Examinations of pathological tissues	46
Miscellaneous examinations	14
Post-mortem examinations	69
	1,432

This year a notable rise has occurred in the number of examinations under some of the headings, as compared with those of last year. These are pleural fluids, blood sugar estimations in cases of diabetes, blood counts, and blood grouping in connection with surgical operations. The Wassermann reactions, however, have not been so numerous. The number of autopsies performed shows a considerable increase on those of the two previous years—69 as against 49 in 1928 and 50 in 1927.

The work on the action of sanocrysin in experimental tuberculosis is proceeding and some progress has been made, but it is too early yet to make any definite statement as the results require to be repeated.

A thorough investigation is also being made of the post-mortem material collected during the last few years in cases of malignant growths of the lungs. Whether or not this disease is actually on the increase our records show that we are dealing with a larger number of these cases in the post-mortem room.

A viewing box for radiograms in connection with actual specimens has been installed in the museum, which was hinted at in last year's report. If this feature proves a success it would be possible to enlarge upon it since ample space for more of the boxes is available.

The undermentioned specimens have been added to the collection in the museum during the year :—

(1) Carcinoma of the lung associated with tuberculosis.
(2) Tuberculous cavity in the middle lobe of the right lung.
(3) Carcinoma of the lung completely surrounding the arch of the aorta.
(4) Perforated tuberculous ulcer of the intestine.

(5) Large tuberculous cavity in right upper lobe of the lung to be displayed together with a radiogram.
(6) Carcinoma of the oesophagus with extension to the trachea.
(7) Bronchiectatic lobe of lung successfully removed by operation.
(8) Haematoma of lung.
(9) Fibroma containing a large haematoma removed from the thoracci cavity by operation.
(10) Fibroma of lung successfully removed by operation.
(11) Large mass of growth in the left auricle of the heart, due to direct extension of a pulmonary carcinoma.
(12) Similar specimen to the last but with a still larger mass of growth in the left auricle.
(13) Pulmonary carcinoma with a nodule isolated from the main growth.
(14) Infarct of the spleen.
(15) Tubercle of the lung with a small cavity, to be exhibited together with a radiogram.
(16) Tubercle specially concentrated in the middle lobe of the right lung, to be exhibited together with a radiogram.

E. E. Atkin,
Director of the Pathological Department.

CARDIOGRAPHIC DEPARTMENT REPORT FOR THE YEAR 1929.

This department has worked smoothly during the past twelve months. The out-patients have been seen at noon on Wednesdays, when electrocardiographs are taken of all new patients as well as in-patients.

There is no evidence at present that the department has become known to the general public, but as it has been held in check up to the present by the necessity of all patients who come to the department being transfers from other departments, there is no means of saying what recognition it might have received from the public if patients could attend the department in the first place, and not merely as transfers.

In time the work of this department must increase, as it is an essential part of any hospital dealing with diseases of the chest.

A. Hope Gosse,
Director of the Cardiographic Department.

DENTAL DEPARTMENT REPORT FOR THE YEAR 1929.

During the year 376 cases were seen.

Dr. Cecil Wall referred a very interesting case of general hypertrophy of the gums and alveoli of both jaws.

When the patient returned from Frimley I arranged for her to have special treatment at the Royal Dental Hospital.

Anæsthetic cases	215
Extractions without anæsthetic	21
Fillings	11
Scalings	44
Other operations	41
	332

D. H. McDonald,
Dental Surgeon.